

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 APR 18 PM 1:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N20266**

1. Corporation Name

ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER, INCORPORATED

Principal Place of Business

Mailing Address

627 SW 12TH ST
 GAINESVILLE FL 32601

627 SW 12TH ST
 GAINESVILLE FL 32601



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT

04/10

Suite, Apt. #, etc.

Suite, Apt. #, etc. ~~300003230193-6~~
 -05/01/00-01006-011
 *****61.25

4. Date Incorporated or Qualified to Do Business in Florida

04/21/1987

SP

City & State

City & State

5. FEI Number

59-3211312

#Applied
 Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD P/D	HICKS, BRANDON M. EGOWAN, MICHAEL	627 SW 12 ST	GAINESVILLE FL 32601
VD	SUN, SAMUEL FORD, AUBER	309 SW 10 AVE #220 4518 SW 83 DR.	GAINESVILLE FL 32601 32608
SD P	MCGOWAN, MICHAEL BUSTAMANTE, LIDIA	627 SW 12 ST	GAINESVILLE FL 32601
TD	BROSS, JAMES LONDON, LUCAS	788 SW 10 AVE 799 SW 16 AVE, #91	GAINESVILLE FL 32601
PD SD	SHERIDAN, M. SCOTT SOELDNER, SUZANNE	627 SW 12TH STREET 127 SE 16 AVE, #5101	GAINESVILLE FL 32601
D	PERKINS, CHARLOTTE DUNLOP, CHRISTOPHER	627 SW 12 ST 2701 SW 13 ST, #E10	GAINESVILLE FL 32601 32608

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WINARSKY, IRA H~~
~~244 ARCH~~
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32611-5701

Name: **FORD, ROBERT E.**
 Street Address (P.O. Box Number is Not Acceptable): **4518 SW 83 DR.**
 Suite, Apt. #, Etc.: **300003230193-6**
 City: **GAINESVILLE** State: **FL** Zip Code: **32608**
 -05/01/00-01006-011
 *****236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* **REGISTERED AGENT MUST SIGN** Date: **1/10/2000**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **1/10/2000** Daytime Phone #: **(352) 370-2826**

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